

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90029 033 ****61.25

DOCUMENT # N00000006674

1. Entity Name

KEY WEST SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

**3708 PEARLMAN CT
 KEY WEST FL 33040**

**3708 PEARLMAN CT
 KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0847842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, JEFFREY B ESQ
 31211 AVE A
 BIG PINE KEY FL 33043**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, KAREN 3708 PEARLMAN CT KEY WEST FL 33040	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, JEFFREY 31211 AVE A BIG PINE KEY FL 33043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEELER, KITTY 1523 4TH ST KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLT, JUDITH 1168 B GILMORE DR KEY WEST FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, LORRAINE 32 KEY HAVEN RD KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, KATHY B 29252 COCONUT PALM ST BIG PINE KEY FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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*Secretary
 Gina Alfonso and Debbie Commander
 2438 Patterson Avenue
 Key West, FL*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)